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APPLICANTS
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**** CONTINUING DATA ***************************
This appln claims benefit of 60/416,798 10/08/2002

**** FOREIGN APPLICATIONS ***************************

**** IF REQUIRED, FOREIGN FILING LICENSE GRANTED ****
01/05/2004

Foreign Priority claimed	35 USC 119(a-d) conditions met	Verified and Acknowledged	Met after Allowance	STATE OR COUNTRY	SHEETS DRAWINGS	TOTAL CLAIMS	INDEPENDENT CLAIMS
☐ Yes ☑ No	☐ Yes ☑ No	/AMBER L ALTSCHUL/ Examiner's Signature	☐ AA Initials	WI	3	20	2

ADDRESS

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TITLE

Method for assimilating and using pharmacy data

FILING FEE RECEIVED		
900	FEES: Authority has been given in Paper No._____ to charge/credit DEPOSIT ACCOUNT No._____ for following:	☐ All Fees ☐ 1.16 Fees (Filing) ☐ 1.17 Fees (Processing Ext. of time) ☐ 1.18 Fees (Issue) ☐ Other _____ ☐ Credit